



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E272983**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02415
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	09 - 26 - 2013	1740	31	
N S	E W	IN OF	<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
123RD AVE NE	BLOCK NO.	
	MILE POST	
DISTANCE	20	00
MILES	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)
FEET	<input checked="" type="checkbox"/> S <input type="checkbox"/> W	HERON PL

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4255010489
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LAST NAME	MIESEL	FIRST NAME	TODD	MIDDLE INITIAL	V
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STREET NEW ADDRESS	405 N. DAVIES RD
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MIESETV372JM	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	04	14	1963
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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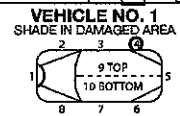
LICENSE PLATE #	B02474T	STATE	WA	VIN#	1FTPW14594KC00331
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	FORD	MODEL	F150	STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	OWNED BY DRIVER
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 917885394		
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253671536
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LAST NAME	ELLIOTT	FIRST NAME	JILL	MIDDLE INITIAL	C
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STREET NEW ADDRESS	724 123RD AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	ELLIOJC361PJ	STATE	WA	SEX	U	D.O.B.	MMDDYYYY	10	11	1964
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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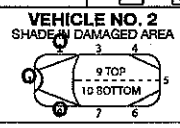
LICENSE PLATE #	ABB5875	STATE	WA	VIN#	1J4GL48K33W678224
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	JEEP	MODEL	LIBERTY	STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	AMERICAN GENERAL FINANCE 13317 NE 175TH ST #F WOODINVILLE WA 98072
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN FAMILY 1954-6864-01-96-FPPA-WA		
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	



OFFICER'S NAME (PRINT)	BOB SUMMERS	BADGE OR ID #	079	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E272983**

CASE # **13-02415**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		ELLIOTT DAVEN D																
ADDRESS & PHONE #		724 123RD AVE NE LAKE STEVENS WA 98258 4253671536																
SEX		M		D.O.B. MMDDYYYY		12		26		2001								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	1	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit #1 had pulled over to the side of the road and decided to back up into the roadway as Unit #2 was traveling westbound on 123rd Ave NE in the city of Lake Stevens. Unit #2 honked the vehicle horn and tried to back up as Unit #1 was backed into Unit #2.

Unit #1 has a small amount of damage to the right rear bumper and Unit #2 sustained a large amount of damage to the front end of the vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

09-27-13 11:24 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

9/27/2013 11:34:42 AM

BADGE OR ID # **079**

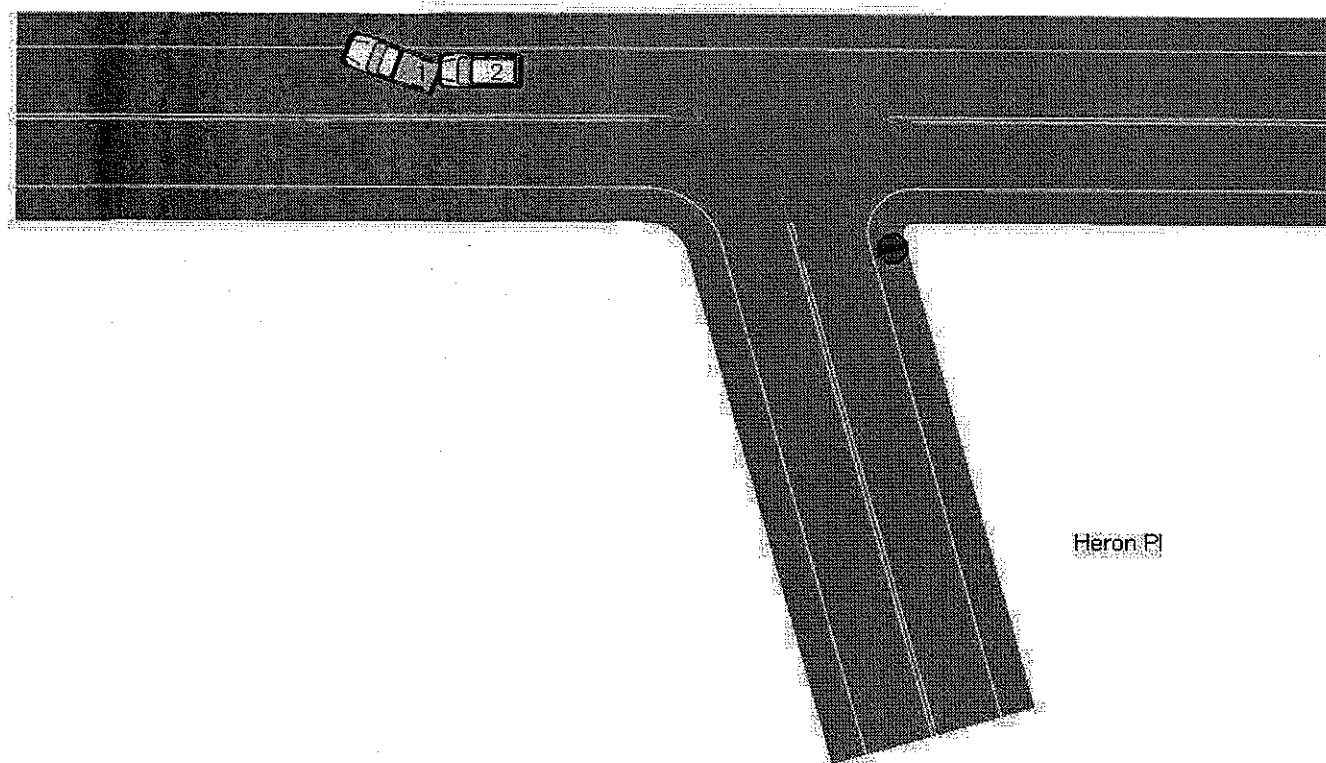
ORI # **WA0311900**

TIME POLICE DISPATCHED **5:44 PM**

TIME POLICE ARRIVED **5:48 PM**



129rd Ave NE



Heron Pl

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>SGT. R. Summers #29</i>			Case Number <i>13-02415</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>9-26-13</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # <i>1</i>	Item <i>DVD-R</i>		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action # <i>3</i>	Serial #	Where Found	Weight of Narcotic		

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>PHOTOS</i>											

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Evidence Control Use Only:											
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked		ROUTING:					
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:		White: Property Room					
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:		Yellow: Case File					

LFD
ORIGINAL